Coverage Summary

Allergy Testing and Allergy Immunotherapy


Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 01/21/2020

Related Medicare Advantage Policy Guidelines:

- Antigens Prepared for Sublingual Administration (NCD 110.9)
- Challenge Ingestion Food Testing (NCD 110.12)
- Food Allergy Testing and Treatment (NCD 110.11)
- Intravenous Histamine Therapy (NCD 30.6)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Allergy testing and allergy immunotherapy (allergy therapy) are covered when Medicare coverage criteria are met.

Guidelines/Notes:

1. Allergy Testing
   Allergy testing may be covered when Medicare coverage criteria are met.


Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance
with these policies is required where applicable. These LCDS/LCAs are available at https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

2. **Allergen Immunotherapy**

Payment may be made for a reasonable supply of antigens that have been prepared for a particular patient if:

- the antigens are prepared by a physician who is a doctor of medicine or osteopathy, and
- the physician who prepared the antigens has examined the patient and has determined a plan of treatment and a dosage regimen.

Antigens must be administered in accordance with the plan of treatment and by a doctor of medicine or osteopathy or by a properly instructed person (who could be the patient) under the supervision of the doctor. The associations of allergists that CMS consulted advised that a reasonable supply of antigens is considered to be not more than a 12-month supply of antigens that has been prepared for a particular patient at any one time. The purpose of the reasonable supply limitation is to assure that the antigens retain their potency and effectiveness over the period in which they are to be administered to the patient. (See §20.2 and §50.2.)

- **See the Medicare Benefit Policy Manual, Chapter 15, §50.4.4.1 – Antigens.** (Accessed January 7, 2020)
- **Also see the Medicare Claims Processing Manual, Chapter 12, §200 – Allergy Testing and Immunotherapy.** (Accessed January 7, 2020)
- **Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.**

3. Examples of allergy tests/services include but are not limited to:

a. Sublingual antigen; **see the NCD for Antigens for Sublingual Administration (110.9).** (Accessed January 7, 2020)

b. Intravenous histamine administration; **see the NCD for Intravenous Histamines (30.6).** (Accessed January 7, 2020)

c. Routine Radioallergosorbent Test (RAST) (CPT code 86005 and 86008)
   - **Medicare does not have a National Coverage Determination (NCD) for RAST.**
   - **Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the LCD/LCA Availability Grid (Attachment A).**
   - **Committee approval date: January 21, 2020**
   - **Accessed December 7, 2020**

d. Cytotoxicity testing/Bryan’s test; **see the NCD for Cytotoxic Food Tests (110.13).** (Accessed January 7, 2020)

e. Provocative and neutralizing testing (subcutaneous) for food allergies; **see the NCD for Food Allergy Testing and Treatment (110.11).** (Accessed January 7, 2020)

f. Sublingual provocative test; **see the NCD for Food Allergy Testing and Treatment (110.11).** (Accessed January 7, 2020)

g. Challenge ingestion food testing; **see the NCD for Challenge Ingestion Food Testing (110.12).** (Accessed January 7, 2020)
II. DEFINITIONS

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IV. REVISION HISTORY

01/21/2020 Guideline 3 (Examples of Allergy Tests/Services)

- Revised language pertaining to applicable Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs

V. ATTACHMENT

Attachment A – LCD/LCA Availability Grid

Radioallergosorbent Test (RAST)

CMS website accessed December 7, 2020

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States/Territories</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34063</td>
<td>RAST Type Tests</td>
<td>MAC Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L33261(A57531)</td>
<td>Allergy Testing</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L33591(A56844)</td>
<td>RAST Type Tests</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L34313(A57181)</td>
<td>Allergy Testing</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, HI, NV, AS, GU, MP</td>
</tr>
<tr>
<td>L36241(A56558)</td>
<td>Allergy Testing</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
</tbody>
</table>

(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without asterisk.)

End of Attachment A